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DR. MARK FRIEDMAN LTD. C/o Bill Polkinghorn Discovery Dispatch 9003 Florin Way				C I hereby certify that States Postal Service	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
Upper Marlboro,	MD 20772	THE .	· 42)	<b>'</b>		(Depositor's name)	
10/01/2004 TBESHAH2 00000003 062140 10625665						(Signature)	
01 FC:2501 02 FC:150A	665.00 DA			4	(Date)		
APPLICATION NO.	FILING DATE	FIRST NAME		) INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/625,665	625,665 07/24/2003			i Chung	3056/1	8917	
APPLN, TYPE	SMALL ENTITY ISSUE		EE .	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$665		\$300	\$965	10/19/2004	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
NINO, ADOLFO		2831		174-003000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Pee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
	ate assignee category or category			<u> </u>	corporation or other private g	roup entity	
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(Authorized Signature)	<u></u>	(Date)	t SEP	04	110		
/	<u> </u>						

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